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APPLICANTS

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*WAL*  
 \*\* CONTINUING DATA \*\*\*\*\*  
 This appln claims benefit of 60/269,078 02/15/2001

*WAL*  
 \*\* FOREIGN APPLICATIONS \*\*\*\*\*  
*none*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
 \*\* 02/12/2002

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged	<i>Wayne A. Sangel</i> Examiner's Signature Initials	STATE OR COUNTRY NY	SHEETS DRAWING 3	TOTAL CLAIMS 24	INDEPENDENT CLAIMS 3
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TITLE  
 Reformer system process

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
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